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suggestions to nurses are: Scrub the feet with a soft brush and ivory soap, three times a week. Rub with both hands while the lather is on, rinse until all soap is removed, dry thoroughly, and rub with lanolin, at night. In the morning, dust with boracic acid powder, and use a fresh pair of seamless stockings every day. I make a strong point of seamless stockings as callosities are formed on the sole of the foot from seams in stockings. The shoe should be broad enough in the toe so that the great toe is perfectly straight and all toes can spread when the person steps forward. There should be no pressure on the little toe, the ankle and instep should be held firm, and the heel should suit the arch of the foot, with extension soles and laced shoes. Consult a good clean chiropodist as often as the toe nails and other foot troubles need attention. A nurse who suffered very much with her feet during training told me she always went to a chiropodist before going to an obstetrical case—and forgot all about her feet while with the patient. She much preferred to spend her money for chiropody rather than for *fudges*.

Hoping you will not think I am advertising *my job*,

Sincerely yours,

SPINSTER,
Class 1883.

A PROBLEM

DEAR EDITOR: Will you allow me to state an experience that I had last August, and ask the opinion and advice of my sister nurses?

I was taken a distance of thirty-eight miles, by a physician, to a case of pneumonia. The family did not know the doctor was slightly intoxicated, or that he was to bring a nurse, until we arrived, which was about midnight. They did not want a nurse, and the physician said I should stay. I felt it my duty to obey orders, which I did, but the family did not see it that way, and I was placed in an uncomfortable position for five days, when the patient recovered sufficiently for me to leave.

I would like to hear, through the JOURNAL, from some of the nurses who have had similar experiences, and what they would have done under like circumstances.

M. H. K.

INFORMATION DESIRED

DEAR EDITOR: I should like to hear how the state associations regulate the standard for the training schools and how the membership

committee of these associations act upon applicants from other states than their own.

Can a hospital not giving obstetrical or contagious training or just one of the above mentioned be called a general hospital?

Is contagious training compulsory in all large training schools?

M. M. M.

[1. Send to the Education Department at Albany, N. Y., for a copy of the Nurse Practice Act of 1903, with a copy of the Regents' rules governing the same. Send also to the secretary of the Maryland State Examining Board, Mary C. Packard, 27 North Cary Street, Baltimore, Md., asking for copies of the Maryland state law, with the rules governing the inspection of training schools in that state.

2. No.

3. It is not. Theoretical instruction is required of schools registered by the New York Board, but practical experience is not compulsory.—ED.]

EXTRACTS FROM LETTERS TO THE EDITOR

[At this season of the year, the editor-in-chief is in the habit of writing to each member of her staff of collaborators, asking for criticisms of the *JOURNAL* during the past year and for suggestions for its future development, outlining such special features of *JOURNAL* work as she wishes each to undertake in her community. We give some extracts from letters received in reply which have been most encouraging to the editor.]

“Perhaps it would cheer your heart if you knew how much I appreciate the *AMERICAN JOURNAL OF NURSING*. I really fail to understand how any superintendent of any training school can efficiently perform the varied duties which come to one holding such a position, without having frequently to refer to the information which is to be found within the pages of this very valuable *JOURNAL*.”

MARY A. SNIVELY.

“I have no criticisms to make, the longer I am out of active work and removed from nursing centres, the more the *JOURNAL* means to me. I am sure I am right in thinking that most of your criticism comes from nurses in large hospitals who are identified with every new idea, and forget how remote private duty nurses are from such things.”

ISABEL McISAAC.

“Personally I can find nothing to criticize in the *JOURNAL*; it is one whole delightful reading to me. Those few who subscribe through me

are always glad to renew, but I find it almost impossible to gain new members, partly because so many live together in central houses, but more often the cause is indifference and unwillingness to pay out the small sum yearly. 'I haven't time to read,' or 'There are so many things to keep up' are the two cries."

D'A. STEPHENS.

"As far as a criticism of the material that has been printed in the JOURNAL, I can only say that a great deal of it has been very helpful and interesting. I do not see how a better choice of material could be made.

"I think that one reason many graduates do not subscribe is because they are not 'brought up on it' in training. I follow this plan here. As soon as the JOURNAL comes, I make a list of the best articles with the pages and head it

AMERICAN JOURNAL OF NURSING

Required reading for September, 1908

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| Article..... | page..... |
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and leave room below for the pupils to sign their names after reading it. The consequence is they read it through and look forward to it, and when they graduate they are expected to subscribe for it."

MARY C. WHEELER.

From other correspondents we quote the following:

"I am very glad to renew my subscription, and I want to express my appreciation of the JOURNAL's worth. Every number is crisp and fresh, and expressive of the head and heart qualities put into it. It must cost a great deal of thought and hard work, but the results cannot but be encouraging to you."

LYSTRA E. GREYTER.

"I think that the AMERICAN JOURNAL OF NURSING gets better all the time and I could not do without it."

M. D. CURRIE.

"We have no JOURNAL in Virginia, but the alumnae and all of our nurses are dependent upon the AMERICAN JOURNAL OF NURSING which we consider very fine, as it gives both foreign and home news."

MARY BYRD BRIGHTWELL.

"Thanks for the inspiration each month that comes with the JOURNAL. It sort of buoys one up."

CAROLINE M. RANKIELLOUR.

"Success to the dear JOURNAL of which every number is hailed with delight among nurses."

THERESA M. ERIKSEN.

From India.

"I am a regular subscriber to the AMERICAN JOURNAL OF NURSING, and have always enjoyed it. It has so often been a stimulus to me in my work out here."

"SANSI."



RECOVERABLE PSYCHOSES.—The *Journal of the American Medical Association*, quoting from the *Wisconsin Medical Journal*, says: Rogers concludes that the records of the large hospitals for the insane in this country and Europe show a percentage of recoveries from all forms of insanity, ranging from 50 to 60 per cent. If statistics were limited to recoverable cases, and if those cases treated at home were included, this would be augmented to nearly 75 per cent. The percentage of complete recoveries has been greatly increased as a result of more scientific methods of diagnosis and treatment. Contrary to popular prejudice, inherited insanity is far from a hopeless condition, many patients recovering, but recurrence is made more probable by the presence of this factor. The prime essential for recovery in the psychoses is that the patient come under proper treatment early. Fully 50 per cent. of those recovering began treatment in the first three months of the disease. Statements concerning prognosis in any type of insanity should always be guarded, and no definite opinion should be offered until ample time has passed for careful study and observation of the patient.